

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014995
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 138 Primary Registration District No. 5326 Registrar's No. 80

FILED MAY 2 1962

VS 300
Rev. 4/59

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20430

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Hickory
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Preston Length of stay in lb Lifetime
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Hickory
c. CITY OR TOWN Preston Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Mattie Florence Mabury April-18-1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Feb 5-1874 9. AGE (last birthday) 88 IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 24 HR Hours 4 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Hickory Co, Mo. 11. BIRTHPLACE (City and state or country) U.S 12. CITIZEN OF WHAT COUNTRY U.S

13a. FATHER'S NAME William Jasper Mabury 13b. MOTHER'S MAIDEN NAME Elizabeth Ann Payne 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. TRAUMAN SIMMONS, Preston, Mo 17. INFORMANT Address Preston, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral embolism INTERVAL BETWEEN ONSET AND DEATH gn 13-62
DUE TO (b) arterio sclerosis
DUE TO (c) _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE _____

21. I attended the deceased from Apr 13-62 to Apr 18-62 and last saw her live on Apr 18-62
Death occurred at 6:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS [Address] 22c. DATE SIGNED 4/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIED 23b. DATE 4-20-1962 23c. NAME OF CEMETERY OR CREMATORY Payne Cem. 23d. LOCATION (City, town, or county) (State) Polk Co, Mo

24. FUNERAL DIRECTOR Allen W. Vaughan ADDRESS Urbana, Mo. 25. DATE RECD. BY LOCAL REG. 4-23-1962 26. REGISTRAR'S SIGNATURE May Johnson

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.